									ارو	Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003									'	10764957				
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN		
TOTAL CLAIMS				33					RATE	FEE	7.	RATE	FEE	
FOR				NUMBER FILED		NUMBER EXTRA			BASIC FI	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS				33 minus 20=		•	12		XS 9=	in.	DE	XS18=		
INDEPENDENT CLAIMS				3	minus 3 =	•	7		· X43=	177	1	XRGo		
MULTIPLE	DEPEN	DENT	CLAIM P	RESENT				~~~	+	OR				
2 H th o 4584	×4000	ادم مدا	ma 1 in	less than zero, enter "If in critime 2					+145=		OR	+290°		
* If the difference in column 1 is less than zero, enter *0* in column 2  CLAIMS AS AMENDED - PART II									TOTAL	1202	叉	TOTAL.		
	C	100	IS AS A Lumn 1)	WENDE	D - PAR (Cetur		(Cotumn 3)		SMALE	ENTITY	OR	OTHER SMALL		
4		a	AMS AMING		HUGH	ESY	•	1		ADDI-	1	•	ADDI-	
	84	A	FTER NOMENT	1	PREVIO	USLY	PRESENT . EXTRA		RATE	TIONAL		RATE	TIONAL FEE	
Total Independent	<u> </u>	.3		Minus	- 3		<b>—</b>		X\$ 9-	1	OR	X\$18=		
indepen	dent	• "	3	Minus	3	3	-	١	X43:	+		X88:2		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1400	+	OR	7400		
					• 0		. `		+145×		<b>Q₽</b>	+290= .		
6-21-06 (Cotumn 1) (Cotumn 2) (Cotumn 3)									YOTAL LODIT, FEL		OR	ADOTT. PEE		
CLAIMS . HIGHEST										Lacor	1		4000	
<b>E</b>		REMAINING AFTER			PREVIO	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
AMEND MENT Card of the card of		AMEN	DMENT	Minus	PAID!	3.	. 1	ŀ		FEE			FEE	
Indepen	dent		de	Minus	1-3	<del>ച</del>		ŀ	X2 8=/	·	OR	X\$18=		
FIRST	RESE	NTATIO	N OF MU	LTIPLE D	EPENDENT	CLAIM			X43=	A	OR	X86		
1,									+145=		OR	+290=		
0 2 4	3.4							·A	DOIT, FEE		OR	TOTAL ADOIT, FEE		
8-8-04 (Column 1) (Column 2) (Column 3)														
5 ,		REM	AIMS AIMING TER		NUMB	ER	PRESENT	ſ	RATE	ADDI-		RATE	ADDI- TIONAL	
			DMENT		PREVIO		EXTRA		MIĘ	FEE		MAIE	FEE	
Total Indepen		•	2	Minus ·	1-2	5	• —		X3 8=		OR	X\$18=	•	
Indepen		· ·	/	Minus	PENDENT	3	•		X43=		o'R	X88a		
POIST P	MESE	TIALIC	N UP MU	·		+145=		OR	+290°					
* If the stry in column 1 is less than the entry in column 2, write "of in column 3.														
Til the 74gt	med Physi	nber Pre	MOUELY PE	IS FOR IN TI	HIS SPACE IS	less the	n 3, enter "3." Nighest numbe	_	DON. FEE ad in the ap	لنسسا		DO!T. FEE I JOHN 1.		

FORM PTO-675 (Res. 1903)

Passet and Variance's Office, U.S. DEPARTMENT OF CONDIGACE